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After 0

copy

registrar within 7.2 hours after death

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

9

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

WITHIN

INSTRUCTION

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### DEATH CERTIFICATE OF 2954

02932

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HOWARD MARYLAND	STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give needs town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest lown) OR
OR and give necest town)  City  (in this place)	TOWN Ellicott City
HOSPITAL OR INSTITUTION OR	STREET (If rure) give location) ADDRESS
STREET ADDRESS Linwood Drive & Walnut Rd.	Linwood Drive and Walnut Rd.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type of Print) JOHN CARROLL BE	
S. SEX 6. COLOR OR 7, SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	
	3. 1895 60 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, evan if retired) Elactrical Supt. Riggs Distler Co.	Md COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Valentine Behr	Anna
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Ellicott City, Md.
no ie. Medical ce	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	// /
1541 IMMEDIATE CAUSE (A) PRECAMENTE CAUCE	wound from 3 webs.
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ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	J'Reitum Brus
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	J'Reitem Brus
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ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  (C)	Mertun Brus
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE (AST.  ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  190. MAJOR FINDINGS OF OPERATION	the.
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO  (C)  ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  190. MAJOR FINDINGS OF OPERATION  1723/56  ACCUMUM TENTION	the.
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT WAS UNDERLYING  21c. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.)	the.
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ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  EI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) While Not while at work at work at work	Desition Briefs  20. AUTOPSY? YES NO [1]  21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE (AST.  ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  199. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 172 346  21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) Whila Not while at work at work at work at work.	20. AUTOPSY? YES NO LL  21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stote)  21f. HOW DID INJURY OCCUR?
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  EX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) While M. at work at work  22. I hereby certify that I attended the deceased from alive on 3. 3. 4, 195, and that death occurred at work  alive on 3. 4	20. AUTOPSY? YES NO 12.  21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  3
ANTECEDENT CAUSE(S)  DUE TO  CUCCUMON  ANTECEDENT CAUSE(S)  DUE TO  CIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  EX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING 22b. PLACE (Home, fard, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)  21e. INJURY OCCURRED While at work at work  22. I hereby certify that I attended the deceased from alive on 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1 195 1	20. AUTOPSY? YES NO 1.  21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. My from the causes and on the date stated above.  ADDRESS (Street, city, town, state) DATE SIGNE  41(1) Fillerly Flexible Are 3/20
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE (AST.  (C)  ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  194. MAJOR FINDINGS OF OPERATION  216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farth, factory, OF INJURY streat, office bidg., etc.)  (FETTHER, NOTIFY MEDICAL EXAMENER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED  While at work   at work	20. AUTOPSY? YES NO TO 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stota)  21f. HOW DID INJURY OCCUR?  2
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE (AST.  (C)  ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  194. MAJOR FINDINGS OF OPERATION  216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farth, factory, OF INJURY streat, office bidg., etc.)  (FETTHER, NOTIFY MEDICAL EXAMENER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED  While at work   at work	Recture  20. AUTOPSY? YES NO [1]  21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJUR

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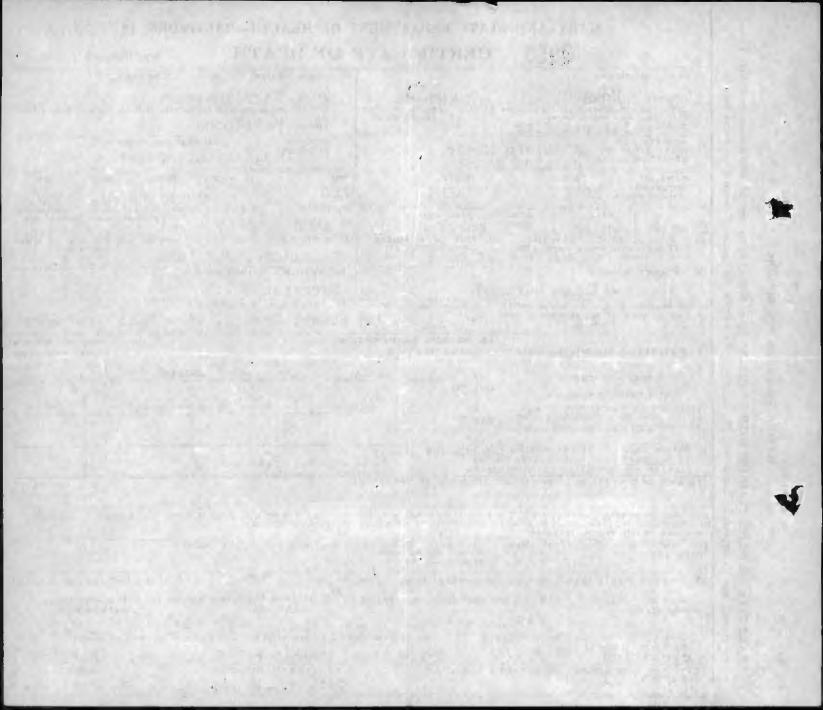
2955 CERTIFICATE OF DEATH

Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Reg. Dist. No.

y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
legibly	COUNTY HOWARD MARYLAND	STATE Maryland COUNTY				
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY If outside corporate limits, write RURAL and give	nearest town)			
pu	X TOWN Ellicott City	Town Baltimore 3	Voliet			
A	HOSPITAL OR Highland Manor	STREET (If rural give location)				
clearly	O STREET ADDRESS Nursing Home	936 Abbott Court	V			
lo c	3. NAME OF (First) (Middle) (I	Last)   4. DATE (Month) (Day)	(Year)			
death	OECEASED: (Type or Print) ROSE IRENE B	BELL DEATH: March 21.	1956			
	RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF				
s of	female white (Specify): married	1888 67 yrs.				
cuuses	work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNT	OF WHAT			
<b>5</b> /	even if retired): housewife at home	Baltimore, Maryland U.S.				
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
	William Harwood	Margaret Keith				
write	18. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:				
1	of service)   of service)	Albert Crouse, 1622 East 32nd	Street			
ea	10. MEDICAL CERTIFICATION		AL BETWEEN			
a	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET	AND DEATH			
82	IMMEDIATE CAUSE (A) Cule	unclever Heart Misease ? "	vair			
Phy∎icians	DUE TO					
Ĭ.	DISEASES OR CONDITIONS, IF ANY. (B) Chrom Provilets + Emply Shore " Place					
Ph	STATING UNDERLYING CAUSE LAST.		,			
i.	(C)					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	wordy Ederna				
TON	DISEASE OR CONDITION CAUSING DEATH.					
E.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY7			
N.		YES	No R			
especially	21a. ACCIDENT WAS UNDERLYING   21a. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21a. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State)					
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work					
, F.	Mi	L, 1955, to her 21, 1956, that I last saw 11				
a ge		4.1				
	alive on Man (Y, 19), and that death occurred at	M, from the causes and on the date stated ADDRESS  DATE SIGN				
orrect	Seat Atuille	0. 5226 Balt. Nat. tille 31	122156			
000	23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county)	(State)			
	cremation 3/23/56 Green Moun	nt Crematory Baltimore, Mar	yland			
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDR				
	REGISTRAR	26 P 1 1217 C+ Day	17 C+			



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			7 A TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages, Land 2 with the registrar prior to bu	
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		2956 <sup>ME</sup>		L EXAMINE	R'S	CERTIFICA	ATE OF	DEATH		129		,
1,	PLACE OF DEATH 6. COUNTY HOWARD			MARYL	AND	2. USUAL RESIDENCE 0. STATE Mar	(Where decess yland	ed lived. If Imitity b. COUNT			ward	
	b. CITY OR TOWN (Iff	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN			RURAL OF	nd give n	earest to	wn)
2	Ellicott						cott Ci	ty		X	1	
0		wick Road	t not in hos	spital, give street address)		d. STREET ADDRES		ck Road		1	ON	A FARM?
	NAME OF DECEASED (Type or print)	Fin SHA		Middle JEAN	C	Leut	4. DATE OF DEATH	March		O Day		fear 19 56
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthday)		RIYEAR		ER 24 HRS
F	emale	White	WIDOWE	D DIVORCED	3	Nov. 22,19	55	yrs,	Months	18	Hours	Min.
	during most of workin None None FATHER'S NAME	g life, even if retired)		KIND OF BUSINESS OR IN	NDUSTR	Baltimor	e Md.	puntry)	12. CI	TIZEN O	F WHAT	COUNTRY
15	NO NO	ER IN U. S. ARMED FO (If yes, give wer or dates of	pervice)	SOCIAL SECURITY NO.  None		FORMANT	Ellicot	t City,	Md		EVAL BETW	
7	Conditions, if a gove rise to immed (a), stoling the couse lost.	diote couse underlying DUE TO (c)		oncho Pneum			DMINA DICEASE	CONDITION GIV	/EN IN PA			House
CERTIFICATION	200. EXTERNAL CAL PRIMARY   or COI CAUSE OF DEATH.	JSE WAS 20		E HOW INJURY OCCURR							PERFO YES	NO T
MEDICAL	20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yeo	White		PLAC facto	E OF INJURY (Home, f ry, street, office bldg.,	orm, 20f. (City	or fown)	(C	ounty)		(Stote)
	ACTUAL SIGNATURE	from: Natural  Longe George E.	causes D	Burton		M.D. CHIEF MEDICAL ASSISTANT MED	ide . Ur L EXAMINER DICAL EXAMINE	ndetermined o	cause [	j. <b>–</b>		SIGNED
	BURIAL CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR	3-12-56		22c. NAME OF CEMETER St. Johns ADDRESS	Y OR			COTT CIT	y Md		(Stot	e}
-		othom, Ellic	ott C			DATE	0	56 John	BY	Mary	0	4. P.

BU . stre Ameli Of the ser S 'N DYSHIP E SELECTION & S. . W. CALL Thy That's reside the first of The

Supply every item of information carefully.

# 5-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 192935

2957 CERTIFICATE OF DEATH

Reg	Dist.	No
Teches.	TAROL+	740

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1					
gip	COUNTY HOWARD MARYLAND	STATE Md. COUNTY						
9	CITY (If outside corporate limits, write RURAL) LENGTH OF ST	AY CITYIII outside corporate limits, write RURAL an	o give nearest town)					
and	OR and give nearest town) (in this place)  X TOWN Ellicott City 13 days	Town Baltimore	3401-4					
death clearly and legibly	HOSPITAL OR	STREET (If rural give location)	1					
lea	% STREET ADDRESS Taylor Manor Hospital	3310 Avondale Ave.						
h	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Di	ay) (Year)					
eat	(Type or Print) Ethel	Cohen DEATH: March 7	19 56					
of	RACE: WIDOWED, DIVORCED,	TE OF BIRTH: 9. AGE iast birthday IF UNDER I VE 22, 1914 41 yrs. Months Da						
causes	OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife	11. BIRTHPLACE (State or foreign country):  12. C	OUNTRY?					
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1.00					
write the	The Same Touris	Marial -						
ite	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:						
W	(Yes, no, or unk.) (If Yes, give war or dates	101	100					
90	of service)	Marcus Toohen -	-aux					
please	18. MEDICAL CERTIFIC I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ATION	INTERVAL BETWEEN					
6 4	33/X Cer	ebral Hemorrhage	48 hrs					
871	DUE TO	Colul Monorthage	40 1115					
ici	ANTECEDENT CAUSE (8)							
Physicians	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DETYCLE	notic Depressive Reaction	10 days					
i,	(c) \FSyCh	totic bepressive Reaccion	IV days					
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	lepsy -	10 years					
du	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERAT	ION	20. AUTOPSY?					
HO.			YES NO					
especially	21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office blooming the property of the prop	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?						
		ZID. TIME (Month) (Day) (Year) (Hour)   ZIE INJURY OCCURRED   ZIF. HOW DID INJURY OCCUR?  OF INJURY   While   Not while						
9 3 8	22. I hereby certify that I attended the deceased fromF.s.	ab 2319 56 to March 719 56that I last	saw the deceased					
99								
t Ct	alive on Mar. 7	ADDRESS DATE	E SIGNED					
correct		Taylor Manor Hospital	March 7156					
00	23. BURIAL. CREMATION, DATE THEREOF NAME OF CEM	TETERY OR CREMATORY   LOCATION (City, town, or	county) (State)					
	Surval 3-8-86 Kosec		1 Med					
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	124. FUNERAL DIRECTOR	ADDRESS PO					



#### CERTIFICATE OF DEATH

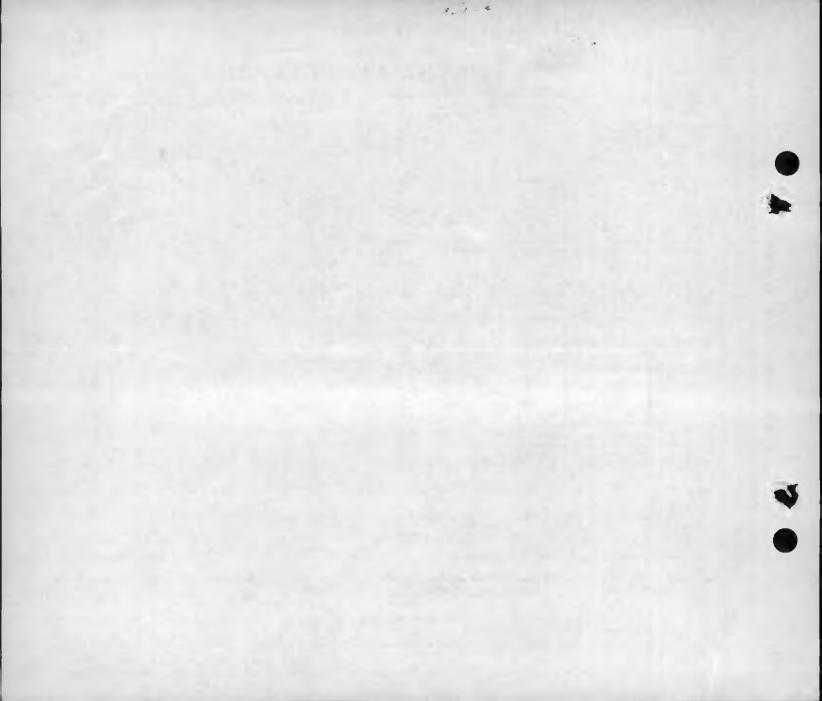
Reg. Dist. No.

Item 2, Film G194 4-3-56 e t		
1. PLACE OF DEATH- Howard - C.T.	2. USUAL BESIDENCE (HOME) OF DECEASED	Citar A
MARYLAND	STATE MD HOWEN	ROMBO
CITY (If outside corporate limits/write RURAL/and   LENGTH OF STAY   OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and o	ive nearest town)
TOWN BLLICOICE 9	TOWN - 12/1/0/0/1/1/1/0/1/1	11843 VOL-4
HOSPITAL OR INSTITUTION OR HIGHLAND MANOR	ADDRESS 1802 Jingorl rural give location	ABalto.
STREET ADDRESS NORS (NO HOME)	CHI WIN COM IN IN IN	
2. NAME OF (First) (Middle)	PEER 4. DATE (Month)	(Day) (Year)
5. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED.	DEATH  DATE OF BIRTH  9. AGE last birthday   II unde	1906 If under 24 hm
MALE WHITE (Specify)	401951872 83 yrs. Months	s. Days Hours Min.
done during most of vorking life eyes I rating) Industry	11. BIRTAPLACE (State or foreign country)	COUNTRY?
U. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.5
SOLOMON DE BEER	FREDERICA HEVI	YAN
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	AV
No service) (1) -03-7-677	SIDNEY BICHENGRE	52
18. MEDICAL CE	RTIFICATION BARRING 1000	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Ca Leuro Selle	who Means nevere	rev. yrs.
	A	Annal of State of an areas appropriate about a constant
Antecedent cause(s)  Diseases or conditions, if any, (b), Quite he	woudist believes	wallow ste
giving rise to the above cause	A The state of the	Caro Fansay
stating the underlying cause last (c)		
<ol> <li>OTHER SIGNIFICANT CONDITIONS         Conditions contributing to the death but not related to the disease or condition causing death,     </li> </ol>		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🖂 No 🖂
21. ACCIDENT (Specify) SUCIDE (From the following of the	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	, 1955, to 3/21, 1956, that I last	now the desired
-1 - 16		
alive on, 19, and that death occurred at	m., from the causes and on the date s	
Lucy I tiulle Les 6221	Ball, Nat, Pila	S/22/06
23. BURIAL, CHEMATION   DATE   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or cour	AD -
BUNIAL 3/23/56 BALTO A	YERREW RAITOR	PLAIR MO
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3EG. 2237 Cill Hedrich	David R Martin 1902 En	Tour Dlace

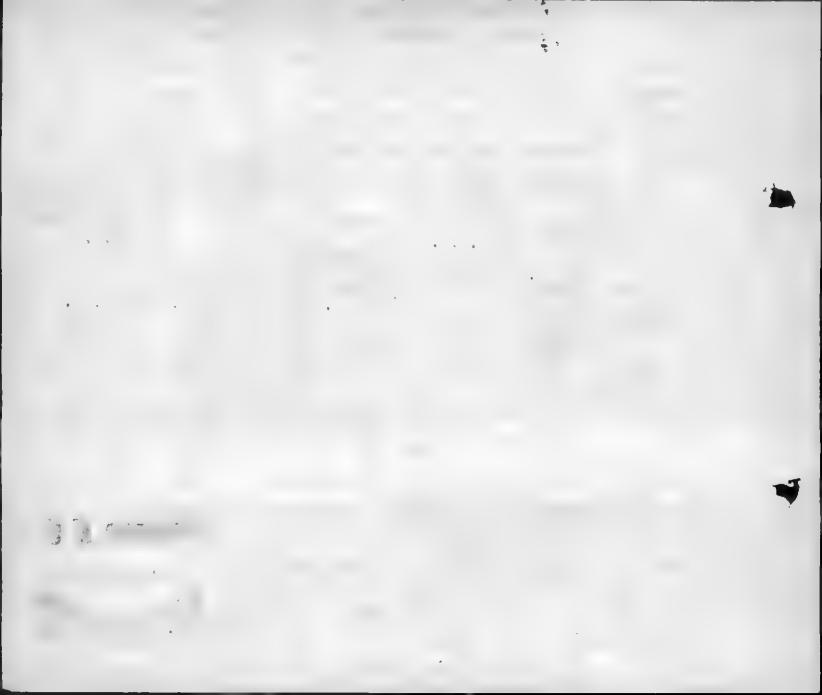
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

VS. Al5



ja,	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2959 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. D	()293793 ist. No. 13+
Cremal	PLACE OF DEATH  a. COUNTY  ARRYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence of STATE Property for County for the	ence before odmission)
buriol	b. CHEY OR TOWN (If outside corporate limits, write RURAL one and give negrest town).  C. CHEY OR TOWN (If outside corporate limits, write RURAL one and give negrest town).	d give nearest town)
prior to	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  )	IS RESIDENCE ON A FARM? YES NO
gistro.	NAME OF First Middle Lost 4 DATE Month OF DECEASED (Type or print) Breed Waters Irangle DEATH March	Day Year 9 1956
	SEX  6. COLOR OF RACE  7. MARRIED NEVER MARRIED 8. DATE OF SIRTH  9. AGE (in years)  1889  9. AGE (in years)  1889  Months  Months	TYEAR IF UNDER 24 HRS. Days Hours Min.
1	during most of working life, even if retired)	U.S.
	Amos L. Gosnell Cordelia Franklin	
FIIe p	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10. no. or unknown)	on, Md.
perait	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Broker  Jecrok	INTERVAL BETWEEN ONSET AND DEATH
I-transit	Conditions, if any, which) to Freeture it elbow, compound	
a buria	gove rise to immediate course (o), stoting the underlying course lost.  DUE TO fraction of left lag	
so pec os	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED? YES NO 127
old be	200. EXTERNAL CAUSE WAS PRIMARY DOC CONTRIBUTING D  20b. DESCRIBE HOW INJURY OCCURSED. (Enter naturated Injury in Rarl or Port II of item 18)  Struck by outlanding while crossing Rose  And the contribution of the contribution	ti 144
200	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (Con 17 30f p. m. Marsh 9 1956 of work 12 Parts 144	unty) (Stole)  1 Mal
<b>5</b>	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [27]. Inquir death resulted from: Natural causes [], Accident [27], Suicide [], Hamicide [], Undetermined cause []	y □, and find tha
	ACTUAL BOOK M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
emoval	EXAMINER'S B.O. Thomas DEPUTY MEDICAL EXAMINER D	3-9-1956
10 FU	D. BURIAL GREWATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OF CHIEF CONTROL (Specify) 3-13-1956 Morgan Chapel Carroll Co., Mai	
ME(5) /55	M. Waltz Winfield, Maryland DATE 12 March 185 Slight	& Hech
	E. Vear	Mercier B



			·		
£	3	K	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	19099	
1	3	-	0004	14300	
1-	> .		2960 CERTIFICATE OF DEATH 2 Reg. Dist	. No.	
(		and legibly.	CITY (If outside corporate limits, write RURAL CRATTER COR and the reagest town)  (in this place)  OR  OR	owa	
	orma	early	HOSPITAL OR INSTITUTION OR STREET ADDRESS HANDLEY PL	rad	
	of in	death cl	3. NAME OF (First (Middle) (Jost) 4. DATE (Morth) () DECEASED: (Type or Print) Three Concerns (Middle) (Jost) DEATH: MAN.	. 2	(ear)
A	ite	<b>4</b> –	5. SER:   6 COLOR OR   7. SINGHE. MARRIED   8. PATE OF BIRTH   9. AGE last birthday   15 LINDER 1	YEAR IF UNDE	R 24 HRE.
DNI	y every	causes	10a. USUAL OCCUPATION (Give kind of working life, every fried) is used to working life. OR INDUSTRY:  (every fried) is useful.  (EVERY FOR INDUSTRY:  (EVE	CITIZEN OF	
- TR	Supply	te the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Hilf	9	,
FOR BINDING	INK.	ise wri	15 WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17 INFORMANT & DORESS. CE (Yes, no, or unk.) 18 Yes, give war or dates of service)	merce	non
		pleas	18. MEDICAL CERTIFICATION		BETWEEN
RESERVED	ADING	D,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AN	D DEATH
田田	AI	13:	IMMEDIATE CAUSE (A)		
ES	UNE	ciaı	ANTECEDENT CAUSE (S)		
MARGIN R	WITH U	Physicians:	DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
A.R.C	1	nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
M	×	important.	TO THE DEATH BUT NOT RELATED TO THE		
	Z	npc	DISEASE OR CONDITION CAUSING DEATH,	20. AUT	OPSY7
T		- 73		YES	мо 🗌
		especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)	y) (S	itate)
		is esp	21D. TIME (Month) (Day) (Year) (Hour) 21g INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  While Not while at work at work		
	OR		22. I hereby certify that I attended the deceased from May 2, 1996, to Mer 3, 1997, that I last	saw the d	leceased
60	떮	90 84	alive on Man. 3, 1956., and that death occurred at 4/1 PM, from the causes and on the date	stated abo	Vels 1
- 0	TYPE	orrect	SIGNATURE	TE SIGNIO	7406
ï	E S	corr	23. BURIAL, CREMATION, MAIN THEREOF NAME OF CREMETER) OR CREMATORY LOCATION (City, town, of	Country	O(State)
A15.	A S		Salina May 6 1950. Mr. angua Baltinase.	ma	
	PLEA		DATE, REC'D BY LOCAL   REGISTEAR'S STONATURE; A. PUNERAL BURETON JUNIU	ALDDRESS	Vine
> >			REGISTRANG 9-72 Affallel 199 Ja31 x mid stee	I are	~



Vs. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()2939) Reg. Dist. No.

U	4	70	39	100	B
١.	Dist.	No.		A H	1
				-	-

1. PLACE OF DEATH  o. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)				
Howard	MARYLAND	o. STATE Wasvland	b. COUNT	Prince George		
b. CITY OR TOWN [If outside corporate limits, write RURAL and give neonal form)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town	n)	
Rt.l Waterloo		Laurel		11		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)			e, IS RESI		
1000 feet north water100	LOTICE DELLECE	318 Main	Street	YES 🗀	FARM?	
3. NAME OF Pirst Pirst	Middle		L. DATE Month	n Dey Yeo	or .	
(Type or print) EDTTH DORES	EN JIANNINE		OF DEATH March	h 2 19	56	
5. SEX 6. COLOR OR RACE 7. MARRIE			9. AGE (In years lest berthday)	IFUNDER TYEAR IF UNDER		
Female White WIDOWED	DIVORCED [	11-24-1928	27 yrı.	Months Days Hours A	Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (Stole of	r foreign country)	12. CITIZEN OF WHAT CO	OUNTRY	
Waitness	Lunch Room	Canada		Canada		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		0-11-0-1		
Norman E. Donoghue		Mabe	l Murray			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO. 17. IN	FORMANT	Address			
NO ?	N.	E. Donoghue, Ki	ngston, Ont. C	anada		
18. CAUSE OF DEATH [Enter only one cause per line f	for (o), (b), and (c).			INTERVAL BETWEEN	4	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	sture of Skull	at base		ONSET AND DEATH		
DUE TO	JUNE OF LINE			410 (41)		
Conditions, if ony, which) (b)						
gave rise to immediate cause						
(a), stating the underlying DUE TO						
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IALDISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AU	JTOPSY	
SATE				PERFORA YES 1	NO T	
PART II. OTHER SIGNIFICANT CONDITIONS CO	HOW INJURY OCCURRED. (Er bound car st)	ter nature of injury in Port	l or Part II of item TB.)			
CAUSE OF DEATH. NOTE	n bound car sti	ruck utility	pole east side	of road		
20c. TIME OF INJURY Month, Day, Year 20d. It	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)	
Oc. TIME OF INJURY Month, Day, Year 20d. It Hour a. m. While at wor 12 15 pp. m. 19	140) willie	ry, street, office bidg , etc.)	Waterloo	Howard	Md	
21. I certify that I took charge of the re						
death resulted from: Natural causes				y under	ng ma	
			, Onderenmined c	aose L.J.		
SIGNATURE GLORGE	Suntant	CHIEF MEDICAL EXA	MINER [7]	DATE SIG	MED	
STORAGE STORE	- 1 Surry way	ASSISTANT MEDICAL	EXAMINER []			
NAME (Type) George E. Burgtorf		DEPUTY MEDICAL EX	(AMINER)	March 2,1956	,	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	REMATORY	72d. LOCATION (City, fawn, o	or county) (State)		
REMOVAN (Sorcify)	Friendship		Redering	Buena Vista N.	J.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D		STRAR'S LIGNATURE	0 1	
F.C. Higinbothom, Ellicott C	ity, Md	DATE 3	-6-56 mice	96. But 12	4 5	
· · · · · · · · · · · · · · · · · · ·						

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	MARYLAN	D STATE DEPART	MENT OF HEA	ALTH-BALT	IMORE, 1	8 09	0.40	
	2952	CERTIFIC	CATE OF DE	ATH		Reg. Dist. N	99	
o. COUNTY Howard MAR			2. USUAL RESIDENCE O. STATE Ma	CE (Where deceased ryland		oni Residence bel Howard	are admission)	
b, CITY OR TOWN (II	outside corporate limits, wr prest Joyan BSUP	ie c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and Jessup			d give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Waterloo Road			d. STREET ADDR	rloo Road			o. IS RESIDEN ON A FAS YES NO	
NAME OF DECEASED (Type or print)	Georgian	na Litel	hfield lost	4. DATE OF DEATH	March		oay Year	
5. SEX	107	MARRIED NEVER MARRIED OWED DIVORCED	-		9. AGE (In years last birthday) 90 yrs.	Months Doys		
during most of work House	ing life, even if retired)	Own home		(Stole or foreign co		12 CITIZEN	OF WHAT CO	
3. FATHER'S NAME			14. MOTHER'S MAI					
Thomas	s Kanley		Mary	Kellv				
	R IN U. S. ARMED FORCES? If yes, give wor or dates of service)		7. INFORMANT Miss Marjori		-	ye St. N	IW C.	
	TH [Enter only one cause p		Russian	•		IN	TERVAL BETY	
Conditions, if as		Common	cold.	- Maria	· · · · · · · · · · · · · · · · · · ·		3 m/2	
gove rise to in								

e. IS RESIDENCE ON A FARM?

YES NO

Year Day 156 R 1 YEAR IF UNDER 24 HRS. Doys Hours Min. ITIZEN OF WHAT COUNTRY? USA t. NW D. C. INTERVAL BETY BEN ONSET AND DEATH cottse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBB HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while at work of work p. m 21. I certify that I attended the deceased from Shat I last saw the deceased P. M, from the causes and an the office stated above. alive on and that death occurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BREMOVAL (Specify) March 14. 1956 Zion Cemetery Dorsev Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS -24o. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02942

## 2954 CERTIFICATE OF DEATH

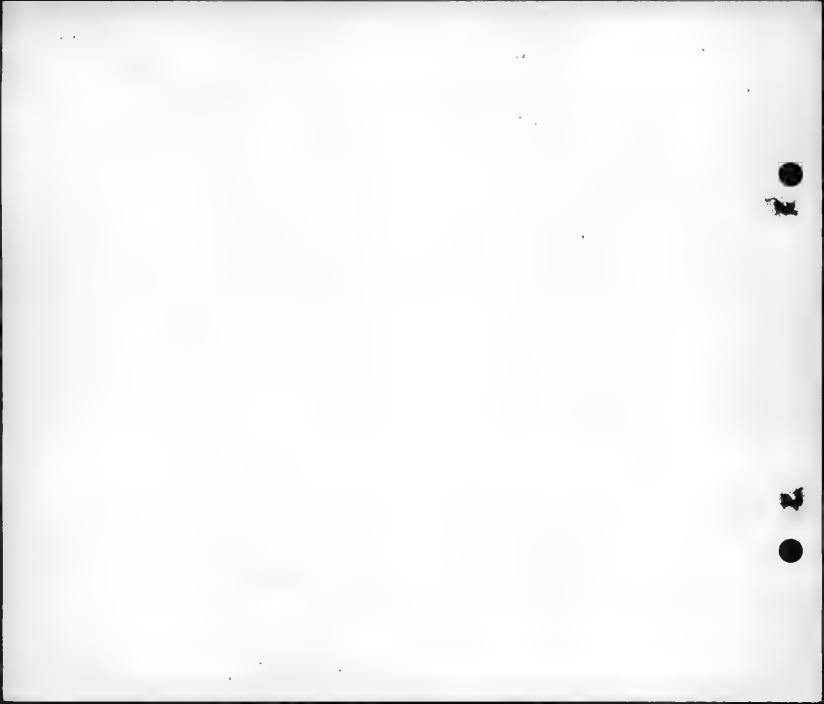
Reg. Dist. No. 19/

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Howard MARYLAND	STATE Maryland COUNTY Howard	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest fown) (In this piaca)	Cff Y (If outside corporete limits, write RURAL and give neerest town) OR	
OR and give nearest town) (In this place)  TOWN Ellicott City	TOWN Ellicott City	Ser.
HOSPITAL OR	STREET (If rurel give focation)	
INSTITUTION OR STREET ADDRESS St. Johns Lane	ADDRESS St. Johns Lane	a.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Y	eer)
(Type or Print) FANNIE LIVELY	DEATH March 7 19	, 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O		ER 24 HRS
Female White (Specify) Widowed	28 1876 79 yrs. Months Days Hours	Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if refired) At Home 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stets or foreign country)  12. CITIZEN OF WICCOUNTRY?  Maryland	HAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Owen Leatherwood	Sarah Nye	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or tink.) (If Yas, give war or dates of service)	Mrs. Orville Mellor, Ellicott City,	144
NO NO	and the same of th	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	
: . I IMMEDIATE CAUSE (A) MYO CARDIB	L FAILURE 5 DA	15
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) COROLARY AT	HEROSCLEROSIS YEAR	2 S
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
10) VASCULAR	SENILITY YEAR	5
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 019-5/17	20. AUTO	PSY?
		10 IF
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY streat, office bldg., etc.) (If FITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY OCCUR? (City or town) (County) (Ste	te)
	211. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from NOV.		eceased
alive on MARCH 6, 1956 and that death occurred at	M, from the causes and on the date stated above.	
SIGNATURE ME TO	ADDRESS (Straet, city, town, state) DATE S	HONED
Donald 6. Tesher M.O.	I Rheott City MID 3-7-	56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, lown, or county)	(State)
Burial 3-10-56 Mt. Pleas	sant Gamber. Md.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE Dyandu 8, 1956 John B. Loughvan Per.	F.C. Higinbothom, Ellicott City, Md	
B. E. X.		

de a commen

Da:

14	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 29	43
	2965 CERTIFICATE OF DEATH Reg. Dist. No	
(P) (D)	1, PLACE OF DEATH; 2. USUAL RESIDENCE (HOME) OF DECEASED;	
· \ E.	17	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (In this place)  CITY (If outside corporate limits, write RURAL and give nearest town)  CITY (If outside corporate limits, write RURAL and give nearest town)	agreet town
le fe	X TOWN Ellicott City (In this place) OR Paltimore	tearest town;
ion carefully.	TIONE 3	7
information ath clearly	D D CAN COMP	Year)
e e	FSEY. DEATH: MARCH 12,	19 56
449	female white Specify; rid oved Jan. 9. 1880 76 Months Days	Hours Min.
	10a, USUAL OCCUPATION (Give kind of work done during most of working iffe, ceven if retired); house if the country is a country is a country in the country is a country in the country in the country is a country in the country in the country is a country in the country in the country in the country is a country in the country in the country in the country in the country is a country in the cou	ZEN OF WRAT NTRY?
ID FOR BINDING Supply every item write the causes of	13. FATHER'S NAME: U.S	
BIN	Martin Anderson Fhehe Falmer	
FOR pply entre the	15. Was Deckaser Ever In U.S. Armed Forces 7 16. Social Security No.: 17. Informant & Address:	
E designation	(Yes, no, or unk.) (If Yes, give war or dates of Madeline Roberts, 147 Caklae Vi	71000
Su	461 MEDICALI CERTIFICATION	ттазе
SERVE INK.	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	RVAL BETWEEN ET AND DEATH
RESERVED ING INK. Su	4 accord	ones you
RE ING	DUE TO	mining franklike.
IARGIN RES UNFADING Physicians: p		ony yro
RG.	giving rise to the above cause DUE TO stating underlying cau e last	
MARGIN UNFAD	II. OTHER SIGNIFICANT CONDITIONS:	
TH	Conditions contributing to the death but not related to the disease or condition covering death	au 8
WI	19a, DATE OF OPERATION: LISH MAJOR FINDINGS ON OPERATION	UTOPSY?
LY, WITH important.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE	es No No
PLAINLY specially in	HOMICIDE INJURY office bldg., etc.)	
PLAINI especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	
	INJURY M. work at work	
TE	22. I hereby certify that I attended the deceased from 1955, to man, 19.1., that I last saw the	deceased
WRI age	alive on 195, and that death occurred at 2.70 m., from the causes and on the date stated	d above.
	May 1- hulls me 5226 Roll Nort Pola 3/2	TE SIGNED
PLEASE	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)	(State)
	Durial 3/14/56 New Catheiral Cemetery Baltimore, Mir	yland
2	REG.	DDRESS
	Wm. Gook. Inc., 1217 St. Fau	1 Street



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04121				
# .5£			2956 CERTIFICATE OF DEATH Reg. Dist. No. 95			
Page director			LACE OF DEATH; COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b, COUNTY  b, COUNTY  b, COUNTY			
death.	~	Ì	RURAL and give nearest town)  CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  And the Almakian Company of the			
a offer 12 show	à		J. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION			
24 hoJ		. (	NAME OF First First Lost 4. DATE Month Day Year OF OF DEATH 3 30 19 5%			
er e		5.5				
xecuted f cample papers eath.		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY?  13 CITIZEN OF WHAT COUNTRY?			
te be e carbon after d		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME			
certifica g physic remave 2 haurs	€	15. (Yas	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If you, give wor or dote of service)  (If you, give wor or dote of service)			
death death please please within 7			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH			
by the o			DUE TO IDITED AND THE LITTLE			
igned bermit	1	,	Conditions, if ony, which gove rise to immediate coese (o), storing the under:			
faw reconstruction states and sand		CATION *	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUT ING POLICE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
IN: The oding place has beria		CERTIFICA	20o. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   (If EITHER, NOTIFY MEDICAL EXAMINER)			
s ce life ise as th		WEDICAL O	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. (County) (Stote)			
inne Pi nospital Mer thi ed for u		W	21. I certify that I attended the deceased from 1/2-3 , 1956, to 30, 1956 that I last saw the deceased			
ATTENT by the P TOR: / detach to buri	1		alive on And that death occurred at And from the causes and on the date stated above.  ADDRESS (Street, city/or town, state)  DATE SIGNED  ACTUAL			
AL OR L DIRECTOR ONLY be over prior			SIGNATURE M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D			
HOSPITA oy be re FUNERA oge 3 sh e registr	,	220	NAME (TYPE) , /V , NARRE A  BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OF CREMATORY 22d. LOGATION (City, town, or county) 7 (Stote)			
Q E Q 8. E		23.	FUNERAL DIRECTORS SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 21b. REGISTRAR'S AIGMATURE)			
15M 9/55		6	DE WILL (Sprinters) palled 1910. DATE T/2/36 & Commonagen			



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02944

### 2967 CERTIFICATE OF DEATH

Reg. Dist. No. 170

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY HOWARD MARYLAND STATE Maryland COUNTY HOWARD	
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give neerest town)	
OR end give nearest town) (in this place) OR	
Hallover 10 yru.	
ADDRESS ADDRESS	
STREET ADDRESS Box 129, Hanover Road Box 129, Hanover Road	
3. NAME OF (Frist) (Middle) (Lest) 4. DATE (Month) (Dey)	(Your)
Type or Print; MARGARET MARIE SCHNIDT DEATH March 28,	,,56.
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTH   9. AGE lest birthday   IF UNDER I YEAR	F UNDER 24 HRS.
Female White Specify Married January 7, 1906. 50	Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country)   12. CITIZEN	OF WHAT
done during most of working life, even if OR INDUSTRY	RY?
	2 + 22 +
13. FATHER'S NAME Milton Pickett Hester Lowman	
FILLOH FICKETO	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS BOX 129 Hanove:	Boad
(Yas, no, or unk.) (If Yas, give wer or dates of service) 217-03-3377 Oscar Schmidt, Hanover, Maryls	
16. MEDICAL GERTIFICATION INTER	AL BETWEEN
	HTASD DNA
150X IMMEDIATE CAUSE (A) - Carron Contraption of G	12.80
DISEASES OR CONDITIONS, IF ANY, (B)	2 272
GIVING RISE TO THE ABOVE CAUSE OUE TO	
(C)	<u> </u>
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION 20	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20.	AUTOPSY?
21a. ACCIDENT WAS UNDERLYING IT   21b. PLACE (Home, ferm, factory, 1 21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	faratel
21d. TIME OF INJURY (Month) [Day) (Year) (Hour) 21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?	<del>.</del>
M. at work el work	
22. I hereby certify that I attended the deceased from 5 4 19, 1953, to 1916 29, 1976, that I last saw	
22. I neverly that I alrended the deceased from 19, 10, 10, 10, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	the deceased
alive on 1976, 1976, and that death occurred at 11. AM, from the causes and on the date stated above	0/29/4
ADDRESS (3100), (17, 104), 3100)	ATE BIGNED
	4.
3 11 fl flrwind ar in mo. 3609 main of Elbridge.	7 mg
23. BURIAE, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	(Stere)
	(Store)
23. BURIAE, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	(Stere)

02945

#### CERTIFICATE OF 2958 DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Howard County	STATE Pennsylvaniaounty			
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (# outside corporala fimils, write RURAL and give nearest town)			
OR and give nearest lown)  X TOWN Ellicott City 19 days	TOWN Coverdale			
HOSDITAL OB	STREET (If jure) give focation)			
. INSTITUTION OR Taylor Manor Hospital	ADDRESS 540 S. Hickory Street			
3. NAME OF (first) (Middle)	(Lest) 4. DATE (Month) (Day) (Yeer)			
(Type or Print) MARY SI	ROCHMAN DEATH March 3 19 56			
5. SEX 6. CO.OR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 9, AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS			
Female White Whowen, DIVOKCEP, Apri	1 13,1896 59 yrs.   Months   Days   Hours   Min.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, avan if OR INDUSTRY	11. SYRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
retired) Housewife Own Home	Austria			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
CHARLES KRATT	ANNA ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			
(Yas, no, or unk.) (If Yes, give wer or dates of service)	Hospital Records Ellicott Cit			
18. MEDICAL CI				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	(Myocardial) and INTERVAL BETWEEN ONSET AND DEATH			
LLL31 IMMEDIATE CAUSE (A) Card	liac/decompensation/failure 15 minut			
ANTECEDENT CAUSEISE DUE TO				
Chibic Dice to the Apole Calife	ve cardio vascular disease   10 years			
CTATING INDEDIVING CARRELIAGE DUE LO	rosis - generalized   10-15 year			
(C) AFTUETTOSCLE	10313 - generalized 10-17 3 ca.			
TO THE DEATH BUT NOT RELATED TO THE	anthnitia E			
DISEASE OR CONDITION CAUSING DEATH. FINDINGS OF OPERATION 196, MAJOR FINDINGS OF OPERATION	arunritis 5 veras 20, Autopsyr			
	YES NO			
21a, ACCIDENT W.S. UNDERLYING   21b, PLACE (Homa, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., atc.)	2fc. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d, TIME OF INJURY (Month) (Day) (Year) (Hour)   21a, INJURY OCCURRED	21f, HOW DED INJURY OCCUR?			
M. While Not white at work to st work				
7.1	Feb 1956 to 3 Mar 19 56, that I last saw the deceased			
22. I hereby certify that I attended the deceased from	7.50AM.			
alive on 2 Mar 19.56 and that death occurred	ADDRESS (Street city town state)			
Ulitus V. Mil. hallan Mil.	Taylor Manor Hospital			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY C	FILICATE TO ATION (City, 15 win, or county) (State)			
REMOVAL (SPECIEY)	N MEM. CEM. PITTSBURGH. PA.			
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	Lar minter of parameter state and a state of the state of			
	25. FUNERAL DIRECTOR'S GONTALINE			
80 K 1000 37	Charles of Health BOLTO 24 M			

KJ

NETRUCTIONS

ATTINDING HYSICIAN OF HOTHITAL: The law require that the death

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3 × 2 15

meth.

B. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL SYNTHEST'S CHYMICATE OF DEATH

BUREAU V. E.

75R 2 1956

BECENED

#### MARYLAND STATE DEPARTMENT OF HEALTH

2970

2411 N. Charles Street, Baltimere

#### CERTIFICATE OF DEATH

	CERTIFICATI	E OF DEAT	Reg. Di	st. No
1. PLACE OF DEATH-		2. USUAL RESIDENCE (		
COUNTY Howard Co.	MARYLAND	2. USUAL RESIDENCE ( STATE Md.	C	Howard
	RAL and   LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURAL	and give nearest town)
TOWN Woodstock. Md	(in this place)	TOWN Woodsto		X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give locat	tion)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mont	h) (Day) (Year)
(Type or Print) Florence	H. A. Willett			13/56
5. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday   If	under 1 year ill under 24 hi
F	(Specify) Single	Feb.19.199	57 vm.	Iontha Days Hours Min
10a. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired	k 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Housework	/	Baltimore		COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Charles E. Willet		Florence		
15. Was DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown) (If yes, give war or date		Marie E. Lon	g Woodstock	t, Md.
	18. MEDICAL CE	RTIFICATION		1.
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEAT
434.2	P. 1			
Immediate cause (a)	Pulmonney Ede	MA	the () tresserves the contract	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Left HEART F	ailure	**************************************	6 mos
stating the underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	ath.			
19a. DATE OF OPERATION   19b. MAJOR				20. AUTOPSY?
				Yes   No
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (Con	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CURI	
OF INJURY m.	While at Not While Work At work			
		mt .1 .		
22. I hereby certify that I attended t	he deceased from 3/5	, 1956, to 3/13	, 19.5.6., that I	last saw the deceased
alive on 3/3, 19.56, a	and that dooth convered at	930 m tom the		
SIGNATURE	(Degree or title)	ADDRESS	causes and on the d	ate stated above.  DATE SIGNED
(11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1				
Morent 1,	(61)	RY OR CREMATORY	md	3/14/56
ZS. BURIAL, CREMATION DATE THERE			LOCATION (City, town, o	r county) (State)
Durial /1/3/17/3		Cem.	Baltimore.	Md.
DATE REC'D BY LOCAL REGISTRAR	S SIGNATURE	24. FUNERAL DIRECTO	DR	ADDRESS
March 17 . 1956 RW.	V	JOHN F. DEN	NY, INC. 71	5 Light St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. BINDING MARGIN RESERVED FOR

VS. A15

